V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9232

FILED APR 8 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1514

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY'S HOSPITAL O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mo. 6 DAYS (Specify whether
In this community 28 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5634 WOODLAND 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MRS. BETSY O'SULLIVAN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHN A. O'SULLIVAN

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased NOV. (Month) 16 (Day) 1898 (Year)

8. AGE: Years 44 Months 4 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name WAYNE DAMERON
13. Birthplace (City, town, or county) W. VIRGINIA (State or foreign country)

MOTHER
14. Maiden name BART STEVENS
15. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant John A. O'Sullivan
(b) Address 5634 Woodland

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quirk & Lobur Co.
(b) Address 20 West Linwood Blvd

19. (a) 3-29-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 27
year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan. 20, 1943, to Mar 27, 1943
that I last saw her alive on Mar, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of hepatic flexure of colon with
Due to perisolic abscess
Due to 46E
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Walled off mass (abscess) right upper quadrant abd
Of autopsy see - "cause of death"

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. E. Castles (M. D. ~~or other~~)
Address 1002 Argyle Bldg Date signed 3-28-43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Charles M Quirk

Licensed Embalmer No.....3774

P. O. Address.....K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.